
BIOMONITORING IN RI

Volume 2, Issue 3

Summer 2003

A quarterly newsletter published by the Rhode Island Department of Health (HEALTH) to provide information on trends and issues regarding environmental chemicals and biomonitoring activities in Rhode Island.

HEALTH Biomonitoring Project Unfunded by CDC

By Mike DiMatteo and Dhitinut Ratnapradipa

HEALTH, as part of the New England Four Biomonitoring Consortium (NE4BC), has received notification from the Centers for Disease Control and Prevention (CDC) that its biomonitoring implementation grant proposal was placed in an awarded but unfunded category. HEALTH and other New England States in the consortium, including Connecticut, Maine and Vermont had hoped to use the funding to proceed with an ambitious biomonitoring program.

Although HEALTH was not funded through the CDC program, biomonitoring is still an important issue being discussed by policy makers. For instance, HEALTH has received funding through another CDC grant to develop the capacity to detect chemicals in human specimens that may be present due to an intentional or unintentional release of chemicals. Some of the equipment and methods may serve a dual purpose to conduct biomonitoring studies as well. Additionally, the NE4BC is planning a series of discussions to determine the “next steps” for their collaboration, including the potential to conduct testing in a lessened capacity. Further, other sources of funding are being investigated and may be identified, including a future biomonitoring implementation award from CDC, which will

enable a full resumption of the program. In the meanwhile, stakeholders and partners in the scientific, academic, medical and general community are invited to contact HEALTH with ideas and suggestions for continuing this important program.

If initiated, the NE4BC plan would have implemented state-based biomonitoring programs over a five-year period to help assess human exposure to environmental chemicals, and help prevent diseases induced from exposure. Funds would have been used to conduct demonstration projects, purchase equipment, and hire and train personnel. Planned activities included collecting cord blood specimens from several area hospitals and from other partner state birthing hospitals to perform analyses for mercury, cadmium and lead to assess the exposure to the vulnerable newborn population. Other projects included testing uranium in urine or other sources in exposed populations, testing cotinine (a biochemical marker for nicotine) in cord blood, and testing phthalates (plasticizers) in urine or blood.

The overarching objective of the consortium was to generate a regional exposure report for all of the chemicals under study to determine levels in people from the New England region. This information could then have been used to aid in making public health policy decisions or generate interest in further studies.

CDC granted three awards (out of a total of 19 applicants) for biomonitoring implementation. The three States include New Hampshire, New York and New Mexico (representing a four state consortium). To view more about the biomonitoring program at CDC, visit their website at www.cdc.gov/nceh. ♦

CONTACT INFORMATION

Mike DiMatteo - Laboratory Coordinator, Biomonitoring
401-222-1969, michael_dimatteo@doh.state.ri.us

Dhitinut Ratnapradipa- Risk Coordinator, Biomonitoring
401-222-7764, dhitinutR@doh.state.ri.us

Gregory Hayes, DrPH - Associate Director, Laboratories,
401-222-5554, gregH@doh.state.ri.us

Robert Vanderslice, Ph.D.- Chief, Office of
Environmental Health Risk Assessment 401-222-7766,
bobv@doh.state.ri.us